

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ST. MERCY HOME HEALTH AGENCY LLC

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Help

3/5/2009 12:43 PM

FAX NO. :3052201440

Mar. 05,2009 03:40PM P2

H 0 9 0 0 0 0 5 1 8 3 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

09 MAR - 5 AM 8: 02 SECRETARY OF STATE TALLAHASSEF FLORIDA

	OF
ST. MERCY (Name of the Limited Li	Home Health Agency LLC ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>LOGOOO</u>	ility Company were filed on <u>01-15-2009</u> and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	IDDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Florida 33166.
registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> e address here:
Name of New Registered Agent: New Registered Office Address:	GUSTAVO MARQUES 6595 NW 36 ST SUITE 101-D (Enter Florida street address)
<u>.</u>	(Enter Florida street address) VIRGINIA GARDEDS Florida 33166 (City) (Zip Code)
New Registered Agent's Signature, if changing Rog	istered Agent:
the provisions of all statutes relative to the prop	gent and agree to act in this capacity. I further agree to comply with per and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 608, F.S. Or, if this document is

(If Changing Registered Agent Senature of New Registered Agent)

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being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability

company has been notified in writing of this change.

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FAX NO. :3052201440 H 0 9 0 0 0 0 5 1835

smending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records:

IGR = Manager ICRM = Managing Member

itle	<u>Name</u>	Address	Type of Action
16R	OTTO MARQUES	6595 NW 3687 VIRGINIA GARDENS	SUITE 101- C
			Add Remove
		. Made 17 - Control of the Control o	Add Remava
			Add Remove
			Add
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	nding any other information, enter change(ssary.)
-	MARM. March 5, 20 Sharawar of a formber o	29. Jauthorized representative of a member	O9 HAR -5 AM 8: 02 SECRETARY OF STATE PLORIDS
	OTTO N	1AR DUES printed name of signee	and the state of t
	1 yped of	bunner ustue or silince	

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